Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

2075

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |                                    |              |                                       |              |  |     | SMALL ENTITY TYPE |                        |         | OTHER THAN OF SMALL ENTITY |                        |  |
|--|--|------------------------------------|--------------|---------------------------------------|--------------|--|-----|-------------------|------------------------|---------|----------------------------|------------------------|--|
| T  | OTAL CLAIMS                                    | <del></del>                        | , 7          | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |              | (COMITITIZE                            |     | RATE              | FEE                    | OR<br>7 |                            |                        |  |
| F  | OR .   |                                    | NUMBER FILED |                                       | NUME         | NUMBER EXTRA                           |     | BASIC FE          | <del></del> -          | OR      | RATE<br>BASIC FEE          | 770.00                 |  |
| TO   | OTAL CHARGE                                    | ARIF CLAIMS                        |              |                                       |              | *                                      |     | <del> </del>      |                        |         |                            | .,                     |  |
| -  |  |                                    | minus 20=    |                                       | 19           | P.                                     |     | X\$ 9=            | , ,                    | OR      | X\$18=                     | ·                      |  |
|  | DEPENDENT C                                    |                                    |              |                                       | <i>9</i>     |  |     | X43=              | <u> </u>               | OR      | X86=                       |                        |  |
|  |  | NDENT CLAIM PI                     |              |                                       |              |  |     | +145=             |                        | OR      | <del>-</del> 290=          |                        |  |
| * 11   | the difference                                 | e in column 1 is                   | less than ze | ero, enter                            | "0" in c     | column 2                               | •   | TOTAL             | 385                    | OR      | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART II  |  |                                    |              |                                       |              |  |     | OTHER THAN        |                        |         |                            |                        |  |
| _  | T :  | (Column 1)                         | ī            | (Colum                                |              | (Column 3)                             | 1 1 | SMALL             |                        | OR      | SMALL                      |                        |  |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT    |              | HIGHE<br>NUME<br>PREVIO<br>PAID F     | BER<br>DUSLY | PRESENT<br>EXTRA                       |     | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *                                  | Minus        | ##                                    |              | =                                      |     | XS 9=             |                        | OR      | X\$18=                     |                        |  |
| AME  | Independent                                    | PRESENTATION OF MULTIPLE DEPENDENT |              | <u> </u>                              |              | =                                      |     | X43=              |                        | OR      | X86=                       |                        |  |
|  | FIRST PRESE                                    | NIATION OF MC                      | JEHPLE DEP   | ENDEN                                 | CLAIM        | لـــــــــــــــــــــــــــــــــــــ |     | +145=             |                        |         | +290=                      |                        |  |
|  |  | ٠                                  |              |                                       |              |  | L   | TOTAL             | · ·                    | OR      | TOTAL                      |                        |  |
|  | (0-1,4)  |                                    |              |                                       |              |  |     | ADDIT. FEE        | <u> </u>               | OR ,    | ADDIT. FEE                 |                        |  |
|  |  | (Column 1) CLAIMS                  |              | (Colum                                | EST          | (Column 3)                             | , L |                   | 4501                   | 1 6     |                            |                        |  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT    |              | NUMB<br>PREVIO<br>PAID F              | USLY         | PRESENT<br>EXTRA                       |     | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *                                  | Minus        | **                                    |              | =                                      |     | XS 9=             |                        | OR      | X\$18=                     |                        |  |
| 4ME  | Inaependent                                    | *                                  | Minus        | ***                                   |              | =                                      |     | X43=              |                        | OR      | X86=                       |                        |  |
|  | FIRST PRESE                                    | NTATION OF MU                      | LTIPLE DEP   | ENDENT                                | CLAIM        |  |     | +145=             |                        |         | +290=                      |                        |  |
|  |  |                                    |              |                                       |              |  | L   | TOTAL             |                        | OR      | TOTAL                      |                        |  |
|  |  | A                                  | DDIT. FEE    |                                       | OR A         | DDIT FEEL                              |     |                   |                        |         |                            |                        |  |
|  |  | (Column 1)                         |              | (Colum                                |              | (Column 3)                             | _   |                   |                        |         |                            |                        |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT    |              | NUMBI<br>PREVIOU<br>PAID FO           | BER<br>USLY  | PRESENT<br>EXTRA                       |     | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *                                  | Minus        | **                                    |              | = .                                    |     | X\$ 9=            |                        | OR      | X\$18=                     |                        |  |
| ME   | Independent                                    | *                                  | Minus        | ***                                   |              | = '                                    | -   | X43=              |                        | _       |                            |                        |  |
| _ ۲  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                    |              |                                       |              |  |     | A43=              |                        | OR      | X86=                       |                        |  |
|  |  | L                                  | +145=        |                                       | OR           | +290=                                  |     |                   |                        |         |                            |                        |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  TOTAL A |  |                                    |              |                                       |              |  |     |                   |                        |         |                            |                        |  |